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POWER OF ATTORNEY

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| POWER OF ATTORNEY | Application Number | 10/748,896 | 1 | | | | | |
| | Filing Date | December 30, 2003 | | | | | | |
| OR | First Named Inventor | Scott A. TUFTS et al | | | | | | |
| ITH A NEW POWER OF ATTORNEY | Title | LIQUID APPLICATOR WITH A MECHANIS | M FOR | | | | | |
| | Art Unit | FRACTURING MULTIPLE AMPOULES | | | | | | |
| | Examiner Name | | | | | | | |
| | Attorney Docket Number | 031528-00316 | | | | | | |
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| I hereby revoke all pre | evious powers of attorney given in th | e above-identi | ified application. | |
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| g | actilloner(s) Name | | Registration Number | - |
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| Telephone I am the: Applicant/Inventor. OR Assignee of record Statement under 3 | d of the entire interest. See 37 CFR 3.71. 37 CFR 3.73(b) (Form PTO/SB/96) submitted | l herewith or filed | on | |
| | SIGNATURE of Applica | ent or Assignee o | | |
| Signature | -//M | | Date 128 59 Telephone +1 (847) 578-6644 | |
| | Susan L. Jacobson | | 1 12 12 14 (04) 1 10 cm- | |
| Title and Company Senior Vice President, Alleglance Corporation NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one | | | | |
| signature is required, see beling | | | | and a second second |

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